



Challenge TB – Mozambique

Year 2

Quarterly Monitoring Report

January-March 2016

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Cover photo: CB-DOTS training for volunteers, activists and supervisors in Tete Province. (Photo Credit Dr. Francisco Luis 2016).

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Disclaimer

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

1. Quarterly Overview

Country	Mozambique
Lead Partner	FHI 360
Other partners	KNCV
Workplan timeframe	October 2015 – September 2016
Reporting period	January-March 2016

Most significant achievements:

- I. Roll out has begun of Community Based Directly Observed Treatment (CB-DOTS) in 3 provinces of Tete (15 districts), Zambézia (10 districts) and Sofala (13 districts) totaling 38 districts. Of all these districts 15 districts in Tete province have initiated activity implementation with 336 (Females (F) 56, Males (M) 280) volunteers, 43 (F 6, M 37) activists and 15 (F 0, M 15) supervisors, selected and trained on the community DOTS strategy. The selection process for volunteers, activists and supervisors was conducted in close coordination with the National TB Program (NTP) provincial/district level department and community leaders to ensure acceptability of CB-DOTS in the communities. A month after training, CB-DOTS Community Health Workers (CHW) referred 295 presumptive TB cases to a Health Facility (HF) in three districts of which 47 (16%) were diagnosed with active TB.
- II. Tuberculosis (TB) case detection is a challenge for the NTP and Challenge TB (CTB) has been supporting through training and mentoring of clinicians in screening, diagnosis and management of TB. In Year 1, the project supported pediatric TB training in two provinces of Tete and Nampula (August 2015). In one district (Angonia) of Tete Province, for example, six months prior to the training (January-June 2015), 10 pediatric TB cases were reported and during the second semiannual period (July-December 2015), the number of diagnosed cases increased to 93, of which diagnosis only happened in the last five months of the period. While this is encouraging, in the future we will need to review the quality of these diagnoses to ensure that the cases meet clinical case definitions, so that we do not have the opposite problem of over-diagnosis of pediatric TB.
- III. CTB supported the training of 35 (F 6, M 29) NTP districts supervisors and their deputies in TB program management. The training is important in increasing NTP districts level staff knowledge in program management. During the training in Tete province, of the 30/35 persons who took a pre and post-test, 15/30 had a pre-test score of below 60% and after the training, the post-test showed 93% (28/30) which was considered adequate.
- IV. The project supported one NTP quarterly evaluation meeting in Tete where Technical Assistance (TA) was provided in evaluating the use of the recently introduced NTP data collection and reporting tools, which were revised based on the new World Health Organization (WHO) definitions. The meeting objective was to assess and validate data reported in the NTP Q1 report. The assessment showed that the new tools are being used correctly though data entry is still a challenge in some districts. The CTB Monitoring & Evaluation (M&E) officer provided practical support in the compilation and analysis of data as well as validation to guarantee that data generated from CTB supported provinces is accurate.

Technical/administrative challenges and actions to overcome them:

- I. The political/military tension currently being witnessed in some parts of the country, especially in the three CTB provinces of Sofala, Tete and Zambézia, have affected activity implementation of mainly CB-DOTS, scheduled trainings and CTB/NTP integrated supervision. CTB technical assistance visits are limited to a radius of 30kms from the provincial capitals.
- II. The fact that our M&E staff members spend substantial time with NTP in Maputo is appreciated by NTP and has helped with data quality; however, there are still delays and barriers to timely access data, including data needed for full reporting in this quarterly report.

Summary milestone data as of March 2016

Total # of milestones expected by Q2 (cumulative for Oct 15 - Mar 16)	Milestones <u>met</u> by Q2 (cumulative for Oct 15 - Mar 16)		Milestones <u>partially met</u> by Q2 (cumulative for Oct 15 - Mar 16)		Milestones <u>not met</u> by Q2 (cumulative for Oct 15 - Mar 16)	
N	#	%	#	%	#	%
32	6	19%	18	56%	8	25%

2. Year 2 activity progress

Sub-objective 1. Enabling environment

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Support in the establishment of TB Champions district groups and support in campaign awareness	1.2.1	16 groups created	32 groups created	16 groups created	64 (total in year one)	5 groups created to date in Tete Cidade. The groups are promoting adherence to TB Treatment and also doing community education on TB	Partially met	With the start-up of CB-DOTS activities in some districts, identification of ex and current TB patients and their localization is ongoing as to facilitate the group creation. In Tete, Damien Foundation has identified a TB Champions focal person who will be paid using their own funds to support the initiative.
Reproduce campaign materials	1.2.2				4,000 TB flyers, 64 banners + campaign gear and TB IEC materials reproduced (flyers, banners for each district, T/shirts, head gear, teaching aids (Story of Thomas, Patient Charter)		N/A	Reproduction of materials to be started in Q3

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Continued support to the NTP Lab department on their TB Laboratory Strategic Plan	2.1.1	Consultative meetings conducted	Lab strategic plan updated	Plan under review and submitted for approval	NTP Lab SP approved	Consultative meetings were held to discuss the TB Lab Strategic Plan (LSP). The Ministry of Health (MOH) is planning to conduct a national laboratory network review with a comprehensive gap analysis in 2016. CTB lab officer is involved in the development and design of the National Lab Strategic Plan	Partially met	Due to competing priorities in the National Institute of Health (NIH) Lab department, the situational and gap analysis has not yet been discussed by MOH lab department. CTB lab officer is currently waiting for a meeting with the Head of Lab department to discuss and establish dates for this exercise in order to accelerate this process.
Support in panel testing for reference labs	2.2.1	Panel testing conducted	-	-		Panels for Line Probe Assay and Drug Susceptibility Testing (DST) were received from the Milan Supra National Laboratory (SRL) in December 2015. CTB supported the costs for the shipping of the. Results from the panel will be available in Q2.	Partially met	The results from the NRL were only sent in March 2016 to Milan for evaluation due to constant power failures which led to the process being redone several times. As a measure to guarantee constant supply of electricity, NIH acquired and installed a generator at the NRL.
Long term assistance to Beira and Nampula for	2.2.2	Two visits conducted	One visit conducted			Technical support will be done by CTB and	Partially met	A visit plan has been elaborated by CTB/NRL

technical support						American Society for Microbiology (ASM) from April 10 th to 23 rd 2016		with the first long term technical assistance visit planned for Beira and Nampula from April 10 th to 23 rd . The dates were established by the NRL to avoid overlapping support from CTB and ASM. Activity shifted to Q3.
Emergency Support for Beira and Nampula Ref Labs functioning	2.2.3				Three reference labs functioning	This is an annual milestone. Progress was made to date.	N/A	<p>Although this is an annual milestone, in order to meet this target, the project has supported the procurement and installment of a new 24 BTUs air conditioner in Nampula to support proper functioning of critical equipment that are installed in the technical area (BACTEC MGIT 960, incubators).</p> <p>CTB is in a process of paying the hepafilters and respective installation in 2 biosafety cabinets in Nampula and Beira. The company AIR FILTER was selected by the Mozambican NIH.</p>
Develop, revise/update and reproduce Lab manuals (microscopy, EQA and Bio-Safety)	2.2.4	Manual development initiated	Review process and submission to respective departments for approval	Manuals approved and ready for printing	1200 copies of the Microscopy and Xpert, EQA and Bio-safety manual reproduced and distributed	The different sections of the microscopy and GeneXpert manual were developed by NRL technicians and CTB lab officer.	Partially met	The different sections of the manual have been developed and it is now being compiled by the head of NRL before final revision. NRL will send the manual to SRL Milan for external review, thereafter, it will be submitted to the MoH for approval. We expect to receive approval by Q4.

Supportive supervision visits conducted	2.2.5	2 supervision visits conducted	2 blind re-checking exercise	2 supervision visits conducted	2 blind re-checking exercise	<p>In Q1 CTB supported a blind rechecking exercise in Sofala province with 96% (27/28) of the registered labs participating. The results were encouraging with 92.6% (25/27) having acceptable performance</p> <p>In this quarter, CTB supported a blind rechecking exercise in Nampula with 91% of labs (20/23), and in Tete 82% of labs (23/28 with acceptable performance. CTB is in the process of finalizing report for Zambézia province.</p>	Partially met	<p>In quarter one, CTB supported a blind rechecking exercise in Sofala province, and in this quarter, three more exercises were conducted with the support of CTB, bringing to a total of four. Of the three conducted this quarter, reports have been finalized for Nampula and Tete with Zambézia in process of finalizing its report.</p> <p>There is a plan to integrate Lab supportive supervision visits with other areas and the visits will be conducted in April and May 2016.</p>
Conduct minor interventions/ rehabilitations to improve conditions for peripheral lab network expansion	2.2.6	Identification and subcontracting company to conduct planned interventions.	Work in progress	work in progress and finalization	4 rehabilitations conducted and Lab network expanded	<p>In Quarter 1, CTB conducted assessments for peripheral lab network expansion and four sites were identified in Tete (Tsangano district), Zambézia (Milange district) and Sofala (Nhamatanda district).</p> <p>In this quarter, Tete province completed the selection of a contractor (though a competitive process</p>	Partially met	As for Nampula province, there has been a delay due to lack of an infrastructure technician from the Provincial directorate of health.

						and with participation of DPS) for the rehabilitation of micro lab in Tsangano district.		
Support 1 annual provincial lab meeting	2.2.7				4 annual provincial lab meetings held, one in each province	One provincial lab annual meeting was conducted in Tete province in Q1.	N/A	In the remaining three provinces the meetings have been planned for Q3/4 (Nampula province 12 th to 13 th of May, Zambezia province, end of July and Sofala province in early August 2016).
Support long term TA visits	2.3.1	2 long term TA visits to Beira and Nampula	1 long term TA visit to Beira and Nampula		Total of 3 visits to each lab conducted	Not accomplished	Not met	CTB will support long term TA for both regional reference laboratories to ensure quality assurance within the 2 regional laboratories. Two visits have been planned in April for technical assistance to ensure that the regional reference laboratories are fully functionally, though they will no longer be included in the prevalence study as earlier planned.
Support quarterly monitoring visits to Beira and Nampula Ref labs	2.3.2			1 visit each to Beira & Nampula RL	1 visit each to Beira & Nampula RL Total of 2 visits to each lab conducted	N/A	N/A	The monitoring visits will be conducted in Q3 and Q4. The visits will be a follow up to the long term TA visit. Due to time limitation, the last assessment will be conducted in APA3 followed by 1 monitoring visit after the approval of the work plan.
Support implementation of GxAlert in all Units in CTB provinces	2.3.3	Procure 20 internet modems and install			GxAlert functioning in 20 machines	The installation of software for GxAlert was completed in	Partially met	The project will support the NIH with logistics support in the installation of GxAlert in the 4 CTB

		in Xperts in CTB sites				Tete province.		target provinces, where the project has also procured and distributed 20 modems and respective airtime for the functioning of the system. Installation of software for GXAlert in other provinces is dependent on NTP
Implement a specimen transportation system	2.6.1	Purchase 6 motorbikes, coordinate with CHASS 3.0 to develop a system for Sofala & Tete	Implementation of specimen transportation in 6 selected districts of Zambézia and Nampula province.	Continued implementation, monitoring of activity and supportive visits conducted	Improvement in sputum sample transportation and utilization of Beira and Nampula RLs	The procurement process of six motorbikes was finalized and was approved in March 2016. Procurement is ongoing.	Partially met	<p>CTB lab officer is developing training materials for drivers who will be involved in the specimen transportation intervention in 2 provinces of Nampula and Zambézia. The training will focus on biosafety, sample collection and tracking.</p> <p>CTB will provide a spill kit and respective SOP.</p> <p>For the other 2 CTB provinces of Sofala and Tete, the project is in close coordination with CHASS (FHI 360 HIV project) in developing an integrated approach for sample transportation. All costs and logistics support will be handled by CHASS partners and CTB will carryback on the system for specimen transportation from peripheral HF to districts and provincial and provincial labs.</p>
Develop tools to monitor the referral	2.6.2	Sample transportation			Developed guidelines	Sample transportation guideline is under	Partially met	To monitor the movement of samples and feedback of

system and reproduce sample collection guidelines		on guidelines developed, printed and in-use			are in-use for quality sample transportation	development and a laboratory technical group will start discussion of this tool later this year. The monitoring tools were designed by CTB lab officer and reviewed by the PMU lab adviser.		results, CTB has developed a tracking form that will be assigned to each motor bike. The sample transportation guidelines are being finalized
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Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Conduct training of health care workers in clinical diagnosis of TB (maternal, neonatal and child health nurses)	3.1.1	192 MCH nurses trained in 16 districts	192 MCH nurses trained in 16 districts		Total 384 MCH nurses in 32 districts of 2 CTB target provinces	<p>In Q1, a TOT course on pediatric TB was conducted in Zambézia and Sofala provinces. A total of 58 (29 F, 29 M) were trained, with Zambézia training 28 (15 F, 13) and Sofala 30 (14 F and 16 M).</p> <p>In Q2, 4 cascade trainings were carried out in Zambézia and Sofala provinces with 182 Maternal Child Health (MCH) nurses trained. (Zambézia 104 = 51F, 53), (Sofala 78 = 47 F, 31 M).</p> <p>The trained nurses will support in screening, diagnosis</p>	Partially met	

						and treatment of pediatric TB in all health facility entry points in CTB provinces.		
Conduct CTB/NTP supportive supervision visits	3.1.2	4 supervision visits conducted (one in each province)		4 supervision visits conducted (one in each province)	Total of 8 visits (2 in each of the 4 CTB target provinces)		Not met	Due to NTP competing priorities, supervision visits are being constantly rescheduled. CTB has developed a separate plan that will be implemented directly with the provincial NTP department and will in the meantime not involve NTP central level.
Implementation of systematic screening of TB in selected prisons	3.1.3	TB/HIV training Materials developed	50 Trained	50 Trained	100 Trained		Partially met	SERNAP has approved IEC tools for prisons, CTB has initiated the process of reproduction of the tools for distribution and training of prison guards and prisoners. Training will take place in quarter 3.
Coordinate with PEPFAR HIV partners	3.1.4	Participation in 1 quarterly meeting per province	Participation in 1 quarterly meeting per province	Participation in 1 quarterly meeting per province	Participation in 1 quarterly meeting per province (Total 12 quarterly meetings)	In Quarter 1, CTB participated in two provincial TASKFORCE team meetings (Sofala and Zambézia). In this quarter, CTB Provincial Technical Officers (PTO) participated in four quarterly coordination meetings between TB and HIV partners at provincial levels. During the meetings,	Met	

						discussion on TB/HIV collaborative activities, coordination and collaboration among health partners were discussed.		
Provincial level clinicians trained in MDR-TB	3.1.5	25 Trainers oriented			120 clinicians at provincial level trained	CTB supported the national MDR-TB workshop where 42 health care professionals across the country participated (20 F, 22 M)	Partially met	MDR-TB cascade trainings for Zambézia and Nampula were cancelled as ICAP (Columbia University) in coordination with the NPT supported a similar training on DR-TB for clinicians. CTB will map out together with the NTP Provincial Level gaps in training needs for MDR/TB and if there is still a need for training in these two provinces. The trainings for Sofala and Tete are scheduled for May 2016.
Conduct semi-annual central level and provincial level MDR-TB specific supervision visits	3.1.6	4 semi-annual visits to CTB target provinces		4 semi-annual visits to CTB target provinces	8 total visits conducted		Not met	All supervision visits were postponed by NTP due to overlapping activities at the central level. CTB will support the provincial's supervisions that are already scheduled for end of April and May.
Reproduce and disseminate GeneXpert algorithm	3.1.7				6,000 copies of the laminated Xpert algorithm produced, distributed and in use	Draft of GeneXpert algorithm submitted to NTP for approval.	N/A	The NTP Microscopy focal point and the MDR-TB focal point, in close coordination with CTB, concluded the revision and finalization of the GeneXpert Algorithm. Once approved, CTB will reproduce 6,000 copies to be distributed nationwide.

Coordinate the development and implementation of the MDR-TB data base	3.1.8	MDR-TB data base developed			Data base developed and cohort analysis done	TB MDR data base (excel based) finalized and approved by NTP. CTB is providing assistance in updating the data base. NTP will initiate the use of the database from 21 December 2015. Updating of TB MDR data base is completed and distributed to provincial NTP supervisors.	Met	CTB will continue to provide TA in all its provinces to ensure that patients are well managed and supported in the treatment process. To ensure that data on MDR TB is accurate and consistent, CTB will support NTP in carrying out data quality assessment in the project target provinces.
Consolidate CB-DOTS implementation by sub-contracting implementing partners	3.1.9	CB-DOTS activities being implemented in 64 target districts				Five sub-awards signed with CB-DOTS implementing partners (covering 38 districts)	Partially met	The remaining three sub-awards will be finalized and signed in the next quarter.
Support in CB-DOTS data reporting	3.1.10	Data collection tools printed and used for reporting valid data				CTB provided TOT to DFB district supervisors in Tete province.	N/A	CB-DOTS community data collection and reporting tools have been distributed to all implementing agencies in CTB provinces. TOT training of Districts supervisors for IA will continue in Q3.
CB-DOTS supportive supervision visits	3.1.11		4 visits conducted in 4 CTB target provinces	4 visits conducted in 4 CTB target provinces	Total 8 visits conducted	Not implemented because signing of sub-wards was delayed	Not met	CB-DOTS supportive supervision visits will take place in next quarter. In the meantime, PTO will continue to provide daily support to implementing partners at the provincial and district levels.
Annual CTB partners and NTP evaluation	3.1.12				CB-DOTS partners,		N/A	This activity will take place in the fourth quarter.

meeting					NTP Provincial Staff + CTB engage to improve implementation of community activities			
Strengthen implementation of the three PCA tools	3.2.1	TA visit from KNCV for material adaptation. Materials finalized and submitted for approval.	Printing of approved materials and training of CB-DOTS partners to disseminate	Continued monitoring of activities and documentation of results	3 PCA tools implemented and results documented	The revised teaching aid for community volunteers and HF staff is being finalized. The teaching aid (story of Joana) will include all relevant information.	Partially met	Reproduction of materials for the 3 selected tools (Patient Charter, TB Literacy Toolkit and Quote TB light) has been finalized. The tools will be used by CB-DOTS CHW and health technicians at facilities, and by CB-DOTS implementing partners (for the Quote TB Light). Training and roll out in the use of the materials will be done in Q3.
Train district level NTP staff in TB program management	3.2.2				192 district level NTP staff trained in TB program management	70 Health Care Workers (HCW) trained in Tete (6 F, 29 M) and Zambézia (3 F, 32 M)	N/A	Annual target
Implement and strengthen the use of the patient based ER+R	3.2.3	ER+R system piloted and results documented	Gradual roll out process of the ER+R to more districts is initiated	Continued expansion to more districts until total coverage of 64 districts is achieved	Data reporting by NTP is strengthened and monitoring of patients on treatment improves	CTB and NTP will finalize the ER+R with the consultant in the next quarters. With support from ICAP in Zambézia and CTB in Sofala, this data base will be tested in two HF at the provincial level in each province.	Partially met	Refer to activity number 10.1.1 This activity has been put on hold by the NTP pending final decision on step forward.
Coordinate with FHI360 FANTA III project to	3.2.4				2 meetings realized and	CTB held meetings with FANTA III project	N/A	In coordination with FANTA, CTB will ensure

include nutrition information for MDR-TB patients					the nutrition component is included in the CB-DOTS National strategy	staff to revise the CB-DOTS strategy and include nutrition information for MDR-TB patients.		MDR-TB patients also benefit from the nutritional support provided by health system with support from WFP.
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Sub-objective 4. Targeted screening for active TB

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Implement a contact tracing system	4.1.1	Revised/developed system including data collection tools. Trained CB-DOTS IA in the system to enable training for CHW	Trained CHW to start implementing system. Supportive visits conducted and monitoring of data reported.	Continued implementation of activities	System is evaluated based on results and advocacy is done to the NTP for inclusion into national guidelines	Data collection tools have been developed but have not yet been implemented. In this quarter, contact tracing system is already used by some Implementing partners.	Partially met	CTB will continue to support to ensure that the system is being implemented in all the 4 provinces. Evaluation will be done in the fourth quarter.

Sub-objective 5. Infection control

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Implement FAST strategy in selected HF	5.1.1	16 HF with FAST strategy functioning (training of cough	16 HF with FAST strategy functioning (training of cough		32 facilities implementing certified FAST	CTB in coordination with NTP in Tete province has finalized training agenda on FAST strategy.	Not met	Training will take place in the next quarter in all CTB provinces. FAST materials as T/Shirts for Cough Officers

		officers conducted and data reporting in place)	officers conducted and data reporting in place)					produced and training materials in process of printing to be used in the training.
Support in implementing HF IC plans	5.2.1	8 facilities visited and an assessment of existing IC plans conducted. Interventions will depend on initial results	8 facilities visited and an assessment of existing IC plans conducted. Interventions will depend on initial results	8 facilities visited and an assessment of existing IC plans conducted. Interventions will depend on initial results	8 facilities visited and an assessment of existing IC plans conducted. Interventions will depend on initial results Total of 32 facilities with functioning IC plans	In Q1 and Q2, CTB PTO followed up on issues on recommendations provided during the initial assessment of infection control in selected health facilities in CTB Provinces in APA1.	Met	Activity is ongoing.

Sub-objective 6. Management of latent TB infection								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Coordinate Provincial TASKFORCE meetings	6.1.1	12 meetings conducted	12 meetings conducted	12 meetings conducted	12 meetings conducted Total 48 meetings held	PTO are supporting and participating actively in provincial task force meetings organized to discuss TB/HIV and other provincial health related activities. The level of coordination has	Met	Activity is ongoing.

						improved between NTP and partners, leading to better coordinated implementation and leveraging of resources.		
Coordinate with CHASS to implement community support for IPT treatment	6.1.2				IPT community follow up strategy developed and in use	CTB held meetings with CHASS and identified possible areas of intervention. This activity will be followed in the second quarter.	N/A	This activity will be implemented the next quarter in two of CTB provinces (Tete and Sofala).
Support in the dissemination of IPT policy and guidelines	6.1.3				500 copies reproduced, distributed and in use at HFs	IPT job aids developed based on policy and guideline. Copies of the IPT job aids were reproduced and distributed during the trainings in all technical areas. This will continue during the next trainings	N/A	

Sub-objective 10. Quality data, surveillance and M&E

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Pilot the ER+R in selected sites	10.1.1	2 sites in Beira Cidade (Sofala province) selected for piloting. Training of NTP conducted and piloting initiated.	Pilot results are compiled and influence plans for rollout.		Pilot is concluded & results used to improve the ER+R system	Awaiting NTP decision to finalize and approve the ER+R.	Partially met	CTB together with the NTP have reprogrammed these activities to be implemented in the third quarter. This activity has been put on hold by the NTP pending final decision on step forward.

Finalize the ER+R system	10.1.2	Revised tools based on pilot results are printed and distributed as part of the roll out process			ER+R is rolled out and in use in provinces	NTP decided not to pilot the revised tools and registers and instead opted for direct implementation.	Not met	
Printing of NTP M&E tools	10.2.1	Tools printed for pilot phase	Revised tools printed for roll out phase		Tools printed and used to support NTP M&E dept.	In Q1, CTB along with other partners supported the NTP in the printing and distribution of new M&E data collection instruments. CTB provided support during the training of districts and provincial staff on their use. In this quarter, CTB continues to provide technical assistance on correct use of the tools.	Met	This activity was met in the first quarter.
Support NTP quarterly monitoring meeting	10.2.2	4 meetings conducted	4 meetings conducted	4 meetings conducted	4 meetings conducted 16 meetings held in total	In Q1, Sofala and Tete provinces held quarterly monitoring meetings supported by CTB. In Q2, CTB supported three quarterly meetings in Nampula, Zambézia and in Tete provinces. The meetings were attended by TB focal point persons in all health facilities with TB registers. In Tete province, for	Partially met	Due to other priorities at the provincial level, CTB could not conduct this meeting in Sofala province. This activity will be reported in the third quarter.

						example, CTB M&E officer participated in this meeting. TA included practical on hands support to ensure that the registers are correctly filled, compiled districts reports were validated, and mentoring was provided.		
Conduct semi-annual DQA visits	10.2.3	2 DQA conducted	2 DQA conducted	2 DQA conducted	8 DQA visits realized	1 visit conducted in Tete Province	Partially met	CTB will conduct DQA visits to Nampula, Sofala and Zambezia in the coming quarters. And these visits will be doubled up to catch up.
Support in Prevalence study	10.2.4	2 visits conducted to Participate in the stakeholder workshop	1 visit conducted	1 visits conducted	1 visited conducted Total of 5 visits conducted by Ellen Mitchel, Job and Nico Kalisvaart to provide technical assistance to the NTP on prevalence survey	NTP has received 2 visits from KNCV consultants (Ellen Mitchel and Nico Kalisvaart) to support the NTP on Prevalence survey preparation and development of data management plan for the Prevalence survey.	N/A	
RFA for Proof of Concept (POC)	10.2.5	One local/international partner identified and contracted to pilot the			POC piloted and results used in the Prevalence protocol		Not met	Activity has been put on hold by the NTP.

		POC						
Involve local research partners for operational research activities	10.2.6	One local research partner identified to provide support in implementation of the Xpert POC					Not met	NTP does not want to pilot POC field based Xpert testing. Discussion is ongoing about next steps.
Update of the National Research Agenda	10.2.7	Consultative meetings conducted	Consultative meetings conducted	Draft agenda presented for approval	Research Agenda Updated	Meetings held with the NTP with the objective to revive the discussion on the finalization of the national research agenda on TB.	Met	Due to NTP priorities, National research agenda meeting was not held. This will take place in the next quarter.

Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Support the NTP with qualified human resources	11.1.1				4 NTP staff participated in international events		N/A	

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
Ministry of Health	B1	B1	US\$64.7 m	US\$25.1 m	

* Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The Global Drug Facility continues to support the procurement of first and second line drugs. In order to avoid stock out, the country has received a consignment of first and second line drugs, guaranteeing enough stock of first line drugs until June 2017 and of second line drugs until December 2016. Procurement of XDR drugs is still pending ministerial approval.

The prevalence study protocol, the development of which is supported by CTB technical assistance, was submitted to national bio ethic committee and has received the first response from the committee with questions for clarification, the study team has responded to the questions and is waiting for feedback from the committee, this process could take from between 2 to 3 months before an approval is obtained. GF is responsible for the procurement of equipment, staffing, technical assistance, etc. of the prevalence survey study.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

CTB provided support in evaluating the use of the recently introduced NTP data collection and reporting tools, revised based on the new WHO definitions. The NTP is using for the first time data compilation tools developed based on the revised tools for quarter 1 (January to March 2016) and CTB is providing technical support through the quarterly meetings help in it provinces for data review where TO are assisting the NTP districts supervisor in compilation of data using the new tools.

4. Success Stories – Planning and Development

Planned success story title:	CTB supported training in Childhood TB diagnosis increases TB detection in Tete Province
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	CTB Mozambique supported the NTP in training of maternal and child health nurses in Childhood TB and after the training, more cases on pediatric TB have been reported.
<p>Status update:</p> <p>Tuberculosis is one of the leading causes of death in children and infants worldwide and it is estimated that up to 80,000 children die of TB each year with over half a million infected (WHO). Given the challenges in diagnosis of childhood TB, the incidence is possibly higher than expected. The urgency of the problem of TB in children cannot be underestimated given that the risk of developing severe, often fatal or lifelong forms of TB is high. Although it is a priority, most national programs have not been giving adequate attention to this.</p> <p>Challenge TB Mozambique in close coordination with the NTP, identified as a priority the training of clinicians and nurses in Pediatric TB, working in the maternal and child health services, especially in the Children at High Risk sector (CCR). The objective of the training was to build their technical capacity in Childhood TB screening, diagnosis and case management. A TOT was conducted which was followed by cascade trainings in all districts. The training also includes skin testing for TB as a topic. All the participants had the opportunity to learn the theory and do practical test on how to administer the test and how to read the result 48 or 72 hours after the application of the injection.</p> <p>In Tete Province 137 maternal and child nurses were trained from the 15 districts in the province. Of these 8 were from Angonia district. Maria Isabel Deversone, who is the NTP district supervisor for Angonia District, also participated in the training. Maria has been practicing as a nurse for the past 15 years and is one of the oldest serving NTP district supervisor in the province. Before she benefited from her first pediatric TB training with support from CTB in August 2015, the diagnosis of pediatric TB cases was a challenge for her, to the extent that they had never achieved their target in Pediatric TB cases diagnosis since. For example, in the first six months of 2015, 10 cases were diagnosed out of a target of 18. Challenges she identified were related to insufficient clinical knowledge on pediatric TB screening and diagnosis and thus a lot of potential cases were being missed in all health facility entry points.</p> <p>After receiving training, and now equipped with updated knowledge and screening techniques, Maria applied her newly acquired techniques and from August to December 2015, she supported in the diagnosis of 80 TB Pediatric cases out of a target of 15. All new cases diagnosed were put on treatment. The good news is, once diagnosed, Pediatric TB is easy to cure!</p> <p>According to Maria the training helped her a lot and the district had managed results in 5 months which was more than what they had done in the past 3 years in total.</p> <p>CTB in close coordination with the NTP and CB-DOTS implementing partners is guarantying that drug supply is guaranteed to respond to the increased numbers of people diagnosed. The remaining challenge for the project is to make sure that all trained nurses remain in locations or sectors which they will be supporting in the diagnosis of Pediatric TB, as nurses rotate on job assignments very frequently. Continued support by providing on-the-job training for the rest of the personnel and plans to expand the intervention to the peripheral health facilities is in place.</p>	



5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	184	149	CTB is unable to obtain data from the NTP as it is still compiled at the provincial levels. This will be updated as soon as we receive data from NTP.
Total 2012	283	215	
Total 2013	359	313	
Total 2014	482	482	
Total 2015			
Jan-Mar 2016			
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.2 Number of pre-/XDR-TB cases started on bedaquiline (BDQ) or delamanid (DLM) (national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014			While Bedaquiline has been approved as part of the new regimen by the Ministry of Health and it is on the essential drug list, it is still to be approved by the Technical committee for Therapy and Pharmacy and is not yet available in the country. Delamanid is not on the essential drug list and also not available in the country yet.
Total 2015			
Jan-Mar 2016			
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.3 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF) (3.1.1)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province name</i>)						
	Nampula	1,676	1,911				
	Sofala	1,882	1,963				
	Tete	1,266	1,139				
	Zambézia	1,926	Not yet				

			available				
	TB cases (all forms) notified for all CTB areas	6,750	5,013				
	All TB cases (all forms) notified nationwide (denominator)						
	% of national cases notified in CTB geographic areas						
Intervention (setting/population/approach)							
Community referral	Nampula, Sofala, Tete and Zambezia						Contracts with local partners have just been signed. Activities will be reported next
	TB cases (all forms) notified from this intervention	0	47				
	All TB cases notified in this CTB area (denominator)	6,750	5,013				
	% of cases notified from this intervention	0%	1%				
Children (0-14)	Nampula, Sofala, Tete and Zambezia						CTB is unable to obtain data from the NTP as it is still compiled at the provincial levels. and national levels.
	TB cases (all forms) notified from this intervention		Not yet implemented				
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Contact investigations	Nampula, Sofala, Tete and Zambezia						This is closely linked to CB DOTS implementation and data to be reported in Q3.
	TB cases (all forms) notified from this intervention	0	Not yet available				
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Kathleen England	X				1. Support Ref Lab Quality Assurance System 2. Ref Lab supervision visit	Complete	October 31 to November 7 2015	8 days	
2	FHI360	Daniela Cirillo	X				1. Support Ref Lab Quality Assurance System 2. Ref Lab supervision visit	Complete	December 7 to 11 2015	5 days	
3	FHI360	Pepe Camineiro		X			1. Orientation to MDR-TB country trainers 2. Participate in one provincial level MDR-TB training	Pending			Due to Pepe Camineiro agenda, the visit has been postponed twice now and has been scheduled for July.
4	KNCV	Sara Massaut	X				1. Strengthen PCA implementation by adapting 3 PCA tools (Patient Charter, TB Literacy Toolkit & Quote TB Light)	Pending			The adapted tools are still to be approved with the NTP. After approval, CTB with PMU TA (Sara) will pilot in 2 target provinces.
5	KNCV	Sara Massaut	X				1. Participate in a National Workshop to official introduce PCA and share lessons learned in implementation	Pending			Depend on the results of the pilot phase of adapted tools. Most likely to happen in Q4
6	KNCV	Nico Kalisvaart	X				1. ER Assessment and Planning 2. Participate in the stakeholder workshop	Complete	February 16-26 2016	11 days	
7	KNCV	Nico Kalisvaart		X			1. Follow up on ER development	Pending			Planned for April 05 to 15, 2016

8	KNCV	Ellen Mitchell	X				1. Prevalence survey preparation and POC monitoring	Complete	November 28 to December 9 2015	12 days	
9	KNCV	Ellen Mitchell			X		1. Prevalence study pilot supervision	Pending			To be conducted in Q3
10	KNCV	Ellen Mitchell				X	1. Monitor/supervise survey implementation in the first batch of districts	Pending			To be conducted in Q4
11	FHI360	Carol Hamilton				X	1. FHI HQ technical supervision on activity implementation 2. APA3 work plan development support	Pending			To be conducted in Q4
12		TBD		X			1. Visit laboratory operations in Beira and Nampula	Pending			
13	KNCV	Jeroen van Gorkom				X	1. Monitoring and APA3 development	Pending			To be conducted in Q4 for APA3 development
14	FHI360	CTB Country Office Staff (2 people)				X	1. Participate in the 46th Union World Conference on Lung Health 2. Participate in CTB side meetings	Complete	December 1 to 7 2015	7 days	CTB COP and PTO participated in the 46th Union World Conference on Lung Health held in Cape Town, South Africa.
15	FHI360	NTP staff participate in International events/ conferences				X	1. Participate in the 46th Union World Conference on Lung Health 2. Participate in international trainings	Complete	December 1 to 7 2015	7 days	Two NTP staff participated in the 46th Union World Conference on Lung Health held in Cape Town, South Africa.
16	KNCV	Miranda Brouwer			X		Technical support on MDR TB	Pending			
Total number of visits conducted (cumulative for fiscal year)								6			
Total number of visits planned in approved work plan								16			
Percent of planned international consultant visits conducted								37.5%			

7. Quarterly Indicator Reporting

Sub-objective: 1. Enabling Environment						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
# of current/ex-TB patient groups engaged at the community level and also linked with the NTP	Number of groups	Annually	0	15	5	5 groups comprised of 24 (8 F, 16 M) members were formed in 3 districts of Tete province.

Sub-objective: 2. Comprehensive, high quality diagnostics						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	N/A	Annually	-	1	Measured annually	The LSP that was under development during TB CARE 1 is now considered out of date as new diagnostic techniques are being implemented. A gap analysis will be conducted with support from CTB in the next quarter.
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).	N/A	Annually	33% (1/3) Maputo NRL - Accredited Nampula RL - 0 star Beira RL - 0 star "	100% (3/3) Maputo NRL - Accredited Nampula RL - 1 star Beira RL - 1 star "	33% (1/3) Maputo NRL - Accredited Nampula RL - 0 star Beira RL - 0 star	NRL is accredited by Instituto de Português para Acreditação/National Portuguese Institute for Accreditation (IPAC). Beira and Nampula reference labs are also implementing and following a step-wise plan for a TB laboratory quality management system towards accreditation.

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.2.7. Number of GLI-approved TB microscopy network standards met	N/A	Annually	0	4	Measured annually	CTB is working with the NRL and the NTP to develop manuals and guidelines towards the achievement of GLI standards.
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	new and previously treated cases	Quarterly	Not known	N/A	Data not available	National data are not available as the NTP is still compiling the data. The national data will be reported in the next quarter.
2.6.1. Average turnaround time from specimen collection/submission to delivery of result to the patient (stratified by microscopy, Xpert, culture, DST)	new and previously treated cases	Quarterly	N/A	TBD	No result to report	This activity is closely related to CB-DOTS activities which will be implemented in the second quarter.

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	Gender and age	Quarterly	CTB Provinces: 4420 Tete 463 Nampula: 1229 Zambezia: 1815 Sofala: 913	12,732 (4 CTB target provinces)	Refer to Table 5.3.	CTB implementing partners expected to contribute 40% to CTB provincial notification, however, this will be revised due to delayed startup of CB DOTS activities.

Sub-objective: 3. Patient-centered care and treatment						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.4. Number of MDR-TB cases detected	Gender and age	Quarterly	482	572	Data not available	National data are not available as the NTP is still compiling the data.
3.1.13. #/% of presumptive TB patients referred by community referral systems	Gender and age	Quarterly	22,180 (national)	89,124	295	This data is only for Tete province where CB-DOTS activities initiated in March 2016. The NTP data provincial summary form for community collaborative activities does not disaggregate data by age and sex. CTB has developed a community data summary form to capture age and sex. This will be disaggregated in the next quarter report
3.1.14. #/% of total cases notified that were referred or diagnosed via CB approaches	Gender and age	Quarterly	CTB Province total 4,420/28,253 (16%) Tete 463/3,492 (13%) Nampula 1,229/7,236 (17%) Zambezia 1,815/9,881 (18%) Sofala 913/7,644 (12%) (NTP report, 2014)	12,732/31,830 (40%) (4 CTB target provinces)	47	This data is only for Tete province where CB-DOTS activities initiated in March 2016. The NTP data provincial summary form for community collaborative activities does not disaggregate data by age and sex. CTB has developed a community data summary form to capture age and sex. This will be disaggregated in the next quarter report
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by	gender and age	quarterly	88% (20,196/23,009) National data 2014 CTB Provinces Tete 91%	11,459/12,732 (90%)	Data not available	National data 2015 are not available as the NTP is still compiling the data. National results will be reported in the next quarter

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
population (i.e. gender, children, miners, urban slums, etc.).			(1088/1199) Nampula 91% (3790/4153) Sofala 90% (821/915) Zambezia 89% (3008/3370)			
3.2.4. Number of MDR-TB cases initiating second-line treatment	gender and age	quarterly	National 2014: 482	572	Refer to Table 5.1	National data 2015 are not available as the NTP is still compiling the data. The national results will be reported in the next quarter.
3.2.7. Number and percent of MDR-TB cases successfully treated	gender and age	quarterly	National 2012 cohort: 222 (46%) Tete 0% (0/3) Nampula 30% (3/10) Sofala 73.9% (17/23) Zambezia 42.8% (6/14)	320/572 (56%)	Refer to Table 5.1	National data 2015 are not available as the NTP is still compiling data. The national results will be reported in the next quarter.

Sub-objective:	4. Targeted screening for active TB					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
4.1.1. #/% of eligible index cases of TB for which contact	gender and age	quarterly	0	11,459/12,732 (90%)	Data not available	NTP Provincial data still being compiled.

Sub-objective: 4. Targeted screening for active TB						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
investigations were undertaken						
4.1.2. #/% of children (under the age of five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB	Gender	quarterly	0	11,000/13,751 (80%)	Data not available	NTP Provincial data still being compiled

Sub-objective: 5. Infection control						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.3. #/% of TB IC (i.e. FAST) certified health facilities	health facilities	quarterly	6/64 (9%) NTP Report, 2014	32/64 (50%)	0	This activity will start in the next quarter.
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	Gender	quarterly	186/2,069 (9%) NTP Report, 2014	269/2,069 (13%)	Data not available	National data are not available as the NTP is still compiling the data. National results will be reported in the next quarter.

Sub-objective: 6. Management of latent TB infection						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.2. % of eligible persons completing LTBI treatment, by key population and	key population, gender and age	Annually	0%	40%	Measured annually	National data are not available as the NTP is still compiling the data. National results will be reported in the next quarter.

Sub-objective:	6. Management of latent TB infection					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
adherence strategy						
6.1.11. Number of children under the age of 5 years who initiate IPT	Gender	Quarterly	17,026 (46%) National	6,875/13,751 (50%) - CTB target provinces	Data not available	National data are not available as the NTP is still compiling the data. National results will be reported in the next quarter.

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.3. % of activity budget covered by private sector cost share, by specific activity	N/A	Annually	0	N/A	Measured annually	CTB will report on this indicator but no specific activity is planned.

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership	N/A	annually	0	N/A	Measured annually	CTB will report on this indicator but no specific activity is planned.
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	N/A	Annually	0	15%	Measured annually	This activity is closely related to CB-DOTS activities, which will be implemented in the second quarter.
8.2.1. Global Fund grant rating	N/A	Annually	B1	N/A	B1	CTB will report on this indicator but no specific activity is planned.

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	N/A	annually	0	N/A	Measured annually	CTB will report on this indicator but no specific activity is planned.

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system	Sites	annually	0	2	0	NTP has put a hold on this activity.
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	N/A	annually	0	Yes	Yes	MEASURE Evaluation conducted a tuberculosis (TB) assessment in 2014.
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	N/A	annually	0%	1% (80.000/5,404,310)	Measured annually	The budget for Proof of Concept will be reprogrammed as NTP is not in favor of the PoC pilot.
10.2.7. Operational research findings are used to change policy or practices (ex, change	N/A	annually	0	Yes	Measured annually	CTB did not carry out operational research during this reporting period.

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
guidelines or implementation approach)						

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. # of healthcare workers trained, by gender and technical area	gender and technical area	quarterly	0	3,964	762 (227 F, 535 M)	298 (156 F, 142 M) MCH nurses trained on Pediatric TB. 70 (9 F, 61 M) Health professional trained on TB program management. 394 (62 F, 332 M) community health care workers trained on CB-DOTS.
11.1.5. % of USAID TB funding directed to local partners	Partner	annually	0	24% (1,280,000/5,404,310)	Measured annually	This activity is closely related to CB-DOTS activities, which will be implemented in the second quarter.